Subject: Studies in the News: (September 15, 2008)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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The following are the Subject Headings included in this issue:

CHILDREN AND ADOLESCENT MENTAL HEALTH

The 2008 Foundation for Child Development Child and Youth Well-Being Index (CWI) Report, Including: An Update of the CWI for the Years 1975-2006, Projections of the CWI for 2007, and A Special Focus Report on an Intergenerational Comparison of Adolescent Well-Being. By Kenneth C. Land, Duke University. (Foundation for Child Development, New York, New York) July 22, 2008. 32 p.

["The Foundation for Child Development Child and Youth Well-Being Index (CWI) Project at Duke University, issues an annual comprehensive measure of how children are

faring in the United States. The CWI is based on a composite of 28 *Key Indicators* of well-being that are grouped into seven *Quality-of-Life Domains*, including economic well-being, health, safety, educational attainment, and participation in schooling, economic, and political institutions. This year's CWI is an updated measure of trends over the 31-year period from 1975 to 2006, with projections for 2007."]

Full text at: http://www.fcd-us.org/usr_doc/2008AnnualRelease.pdf

"Understanding the Behavioral and Emotional Consequences of Child Abuse." By John Sterling, Committee on Child Abuse and Neglect, and others. IN: Pediatrics, vol. 122, no. 3 (September 8, 2008) pp. 667-673.

["Children who have suffered early abuse or neglect may later present with significant behavior problems including emotional instability, depression, and a tendency to be aggressive or violent with others. Troublesome behaviors may persist long after the abusive or neglectful environment has changed or the child has been in foster care placement. Neurobiological research has shown that early abuse results in an altered physiological response to stressful stimuli, a response that deleteriously affects the child's subsequent socialization. Pediatricians can assist caregivers by helping them recognize the abused or neglected child's altered responses, formulate more effective coping strategies, and mobilize available community resources."]

Full text at: http://pediatrics.aappublications.org/cgi/reprint/122/3/667

Youngsters Mental Health and Psychosocial Problems: What are the Data? By the Center for Mental Health in Schools at UCLA. (The Center, Los Angeles, California) 2008. 95 p.

["In many arenas, the demand for data has outstripped the availability of good data and has increased the tendency to grab for whatever numbers are being circulated in the literature. As a result, when someone says: "This is the *best* data available," it is essential to remember that *best* does not always mean *good.* This caution is particularly relevant in the mental health field where funding to support data gathering continues to be sparse and sound methodological practices are difficult and costly to implement. It is widely acknowledged that available information on prevalence and incidence of mental health and psychosocial problems and related service provision varies markedly in both quantity and quality. For instance, some youngsters may be counted more than once when they have multiple problems. And, a wide variety of activity may be included in reports of what constitutes a MH service. But the biggest problem remains that too little investment has been made in gathering and aggregating such data. As a result, available data are limited by sampling and methodological constraints, and thus the appropriate generalizability of findings is significantly constricted. The intent of this report is to provide a synthesis of the best available data and to clarify the limitations of what has been gathered so far. Because of the inadequacies of current data gathering, we must rely

on subpopulation survey data and best estimates of mental health (MH) problems in schools, primary health care systems, and juvenile justice systems."]

Full texts at:
http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/3d/c5/c3.pdf

DISPARITIES

Hispanics and Health Care in the United States: Access, Information, and Knowledge. A Joint Pew Hispanic Center and Robert Wood Johnson Foundation Research Report. By Gretchen Livingston, Pew Hispanic Center, and others. (The Foundation, Princeton, New Jersey and the Center, Washington, D.C.) August 2008. 81 p.

["More than one-fourth of Hispanic adults in the U.S. lack a usual health care provider, and a similar proportion report obtaining no health care information from medical personnel in the past year. At the same time, more than eight in ten report receiving health information from media sources, such as television and radio, according to a Pew Hispanic Center survey of Latino adults, conducted in conjunction with the Robert Wood Johnson Foundation.

Previous research by the U.S. Centers for Disease Control and Prevention has shown that Hispanics are about twice as likely as non-Hispanic blacks and three times as likely as non-Hispanic whites to lack a regular health care provider. Hispanics are a diverse community, and the 2007 Latino Health Survey explores not only their access to health care, but also their sources of health information and their knowledge about a key disease (diabetes) at greater depth and breadth than any national survey done to date by another research organization or the federal government.

It finds that among Hispanic adults, the groups least likely to have a usual health care provider are men, the young, the less educated and those with no health insurance. A similar demographic pattern applies to the non-Hispanic adult population that lacks a regular health care provider. The new survey also finds that foreign-born and less-assimilated Latinos–those who mainly speak Spanish, who lack U.S. citizenship, or who have had only short tenures in the United States–are less likely than other Latinos to report that they have a usual place to go for medical treatment or advice.

Nevertheless, a significant share of Hispanics with no usual place to go for medical care are high school graduates (50%), born in the United States (30%) and have health insurance (45%). Indeed, the primary reason that respondents give for lacking a regular health care provider is not related to the cost of health care or assimilation. Rather, when asked why they lack a usual provider, a plurality (41%) of respondents says the principal reason is that they are seldom sick."]

Full text at: http://pewhispanic.org/files/reports/91.pdf

“Latino Disparities in Child Mental Health Services.” By Cintia Lopez, Chicago Public Schools, and others. IN: Journal of Child and Adolescent Psychiatric Nursing, vol. 21. no. 3 (August 2008) pp. 137-145.

[“As Latino children may experience higher rates of unmet needs, this article examines the current literature for the reasons for the disparity and the barriers to the utilization of mental health services for Latino children.

An integrative literature review was undertaken from child psychiatry and nursing. The literature confirmed a pattern of underutilization of mental health services by Latino children, but did not completely address the reasons for the disparity. Suggested barriers were language and cultural issues. Gaps in the literature include a lack of agreement for definition of a mental health problem and the tools to identify these, insufficient studies into the barriers for Latino children in the access and utilization of mental health services, and cultural and language issues related to Latino research.”]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=33325507&site=ehost-live

“Mental Health in the Context of Health Disparities.” By Jeanne Miranda, University of California, Los Angeles, and others. IN: American Journal of Psychiatry, vol. 165, no. 9 (September 1, 2008) pp. 1102-1108.

[“A longstanding theme of mental health policy has been the tension between the integration of mental health into general health policy and exceptionalism. Integration is represented by policies such as parity in health insurance coverage, and exceptionalism by "carve-outs" of mental health care to behavioral health care organizations. Frank and Glied have argued that policies based on exceptionalism in mental health are waning and that integration has had salutary effects on persons with mental illness through mainstreaming into general social and health programs (notably Medicaid).

Mental health status and mental health care disparities can also be framed within the exceptionalism/integration debate, in both a traditional and new sense. In the traditional sense, one may question whether policies promoting general purpose interventions to reduce health status or health care disparities will also address disparities in mental health. In the new sense, one may question whether policies should differ when poor health status or poor health care is correlated with certain racial groups. Should we take an integrationist perspective and address poor health status and low quality of care in general or take an exceptionalist perspective and promote policies focused on disparities? From a health policy perspective, disparities in health status or health care may not deserve special focus over and above the problems of poor health status and poor quality of care in general. Concern for social justice, however, argues for a focus on disparity. For example, the goal of equal opportunity is to provide a social environment in which no

one is excluded from the activities of society, such as education, employment, or health care, on the basis of immutable traits."]

Full text at: http://ajp.psychiatryonline.org/cgi/content/full/165/9/1102?etoc

Related article: Improving quality and achieving equity: The role of cultural competence in reducing racial and ethnic disparities in health care. October, 2006. Full text at: http://www.commonwealthfund.org/usr_doc/Betancourt_improvingqualityachievingequity_961.pdf?section=4039

Racial-Ethnic Inequality in Child Well-Being from 1985-2004: Gaps Narrowing but Persist. By Donald J. Hernandez and Suzanne E. McCartney, University at Albany, SUNY. FCD Policy Brief. No. Nine. (Foundation for Child Development, New York, New York) January 2008. 15 p.

["The United States is rapidly becoming amore racially and ethnically diverse society. Less than 25 years from now, no single racial or ethnic group will constitute a majority of children and youth. But those race-ethnic groups that are furthest behind will, taken together, become a majority. What does this mean for the country? To avoid social fragmentation and assure that we continue to be a unified people based on enduring democratic principles, it is critical that we pursue the twin social goals of equality of opportunity and equality in life conditions among all groups. For the past four years, the Foundation for Child Development (FCD) has released a Child Well-Being Index (CWI) comprised of 28 statistical indicators organized into seven domains of child well-being: safety/behavioral concerns, family economic wellbeing, health, community connectedness, educational attainment, social relationships, and emotional/spiritual well-being.1 This report is the first effort to analyze child well-being trends through the lens of race and ethnicity to better understand how differences between White and Black children and between White and Hispanic children have changed on key indicators and domains over the decades and what these changes could signal for the efforts by policymakers and others to reduce race-ethnic disparities and to lift the status of all children in this country."]

Full text at: http://www.fcd-us.org/usr_doc/DisparitiesBrief.pdf

HOMELESSNESS AND MENTAL ILLNESS

"The Link between Homeless Women's Mental Health and Service System Use." By Tammy W. Tam and others, Children's Hospital and Research Center. . IN: Psychiatric Services, vol. 59 (September 2008) pp. 1004-1010.

{"With high rates of psychiatric and substance use problems, homeless women need a wide variety of services. This study, focusing on homeless women with and without symptoms of mental illness, examined the association of predisposing, enabling, and need

factors (based on Aday-Andersen's health services utilization model) with use of behavioral, medical, and human services.

Data from 738 homeless women from the National Survey of Homeless Assistance Providers and Clients were analyzed. Homeless women with symptoms of mental illness showed higher rates of service use in behavioral, medical, and human domains, a finding that indicates that there are stronger service linkages for this group than for women without symptoms of mental illness. Predictors associated with service use differed by psychiatric symptoms among homeless women: predisposing and enabling factors influenced service use among homeless women without symptoms of mental illness, whereas need factors influenced service use among women with symptoms of mental illness.

Mental illness symptoms may be a trigger for receiving an array of services for homeless women once they gain entrance into a service system. There was a negative association between symptoms of mental illness and use of behavioral health services among homeless mothers, which may be the result of the fear of child welfare service intervention and loss of child custody. This service distribution inequity among homeless women using mental health services deserves attention by policy makers, researchers, and providers."]

Full text at: http://www.psychiatryonline.com/
Clink on the Psychiatric Services Journal at the above link and then find the September issue for the article cited above.

Related article: **Overrepresentation of women veterans among homeless women. (July 2003)**
Full text at:
http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=1447922&blobtype=pdf

MENTAL HEALTH COURTS

A Guide to the Role of Victims in Mental Health Courts. By Hope Glassberg and Elizabeth Dodd, Council of State Governments Justice Center. (The Council, New York, New York) 64 p.

["The number of mental health courts in the united States has grown rapidly in recent years, from just four in 1997 to more than 175 at the beginning of 2007.* Each year, more individuals with mental illnesses involved in the criminal justice system participate in these programs, an increase that has translated into a greater number of victims whose cases are addressed by mental health courts. Many of the policymakers, advocates, and staff involved in designing and operating mental health courts recognize the importance of victims' rights policies in the traditional criminal court context. Yet few of the mental health court programs have similar formal policies for engaging crime victims. This guide, created for stakeholders involved in either planning or operating these specialized

courts, is intended to highlight the potential role of crime victims in mental health courts. It addresses the challenges court teams face in trying to involve victims and the reasons to devote time and energy to overcoming them. The guide offers concrete steps communities can take to ensure that the interest sand needs of crime victims are reflected in court policies and practice."]

Full text at: http://consensusproject.org/downloads/guidetocvinmhc.pdf

"Mental Health Courts as a Way to Provide Treatment to Violent Persons with Severe Mental Illness." By H. Richard Lamb and Linda E. Weinberger, University of Southern California. IN: Journal of the American Medical Association, vol. 300, no. 6 (August 13, 2008) pp. 722-724.

["While the great majority of persons with severe mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, and other psychotic disorders) are not violent, there is a small minority who may become aggressive when stressed. For instance, in a US national study of persons with schizophrenia and violent behavior, the prevalence of serious violent behavior in the past 6 months was 3.6%. Many persons with severe mental illness and a history of violence reside in jails and prisons. As an example, a recent study in a large US metropolitan jail found that 72% of persons with severe mental illness had a history of arrests for a violent offense. In this Commentary we discuss how mental health courts could divert violent persons with severe mental illness from the criminal justice system to the mental health system and ensure that they receive needed treatment." **Note: Please request CA State Library for copy of this article.**]

Related article: **Crime victimization in adults with severe mental illness.**
Full text at:
http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=1389236&blobtype=pdf

MENTALLY ILL AND VICTIMS RIGHTS

Responding to People who have been victimized by Individuals with Mental Illness. By Monica Anzaldi Ward and Hope Glassberg, Council of State Governments Justice Center. (The Council, New York, New York) 46 p.

["The enactment of state statutes and passage of state constitutional amendments establishing legal rights for crime victims have been among the most important and heralded improvements to crime policy during the past two decades. During this same period, a growing number of people with mental illnesses have been arrested, detained, and incarcerated, which has attracted widespread attention among local and state elected officials. Despite the significance of both trends, there has been little, if any discussion, about the rights of victims when the person who committed the crime has a mental

illness. This guide, written for policymakers in state and local government, as well as for the people working on the front lines of the criminal justice and mental health systems, highlights issues related to this long-overlooked subset of victims. Policymakers can use this guide to enhance their understanding of issues related to the rights and safety of these crime victims."]

Full text at: http://consensusproject.org/downloads/responding.pdf

OUT-OF-HOME PLACEMENTS FOR MENTALLY ILL CHILDREN

"Use and Predictors of Out-of-Home Placements within Systems of Care." By E. M. Farmer, Pennsylvania State University, and others. IN: Journal of Emotional and Behavioral Disorders, vol.16 (2008) pp. 5-14.

["The systems of care initiative is characterized by an emphasis on family-centered and individualized services for youth with mental health conditions. One of the basic tenets of systems of care are treating youth in the least restrictive settings possible. Despite this goal, however, youth are sometimes placed in out-of-home settings. This study examined the patterns and predictors of out-of-home placements within systems of care."]

Full text at: http://www.rtc.pdx.edu/PDF/dt159.pdf

Related article: **Predictors of outpatient mental health service use-The role of foster care placement change. (Sept. 2004)**
Full text at:
http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=1550708&blobtype=pdf

STIGMA

"Stigmatizing Attitude of Medical Students towards a Psychiatry Label." By Olawale O. Ogunsemi and others, University Teaching Hospital, Ibadan,Oyo State, Nigeria. IN: Annals of General Psychiatry, vol. 7, no. 15 (August 25, 2008) pp. 1-12.

["The aim of this study is to evaluate the effect of a psychiatric label attached to an apparently normal person on the attitude of final year medical students at a Nigerian university.

Methods
A questionnaire with sections on demographic information, a single-paragraph case description illustrating a normal person, a social distance scale and questions on expected burden was used to elicit responses from 144 final year medical students who have had previous exposure to psychiatric posting. The students consisted of two randomly assigned groups; group A received a case description with a psychiatric label attached while group B received the same case description but without a psychiatric label.

Results
A total of 68 (47.2%) of the students responded to the questionnaire with the attached psychiatric label, while 76 (52.8%) responded to the questionnaire without the attached label. There was no statistical difference in age ($p = 0.187$) and sex ($p = 0.933$) between the two groups of students. The students who responded to the questionnaire with the attached psychiatric label would not rent out their houses ($p = 0.003$), were unwilling to have as their next-door neighbor ($p = 0.004$), or allow their sister to get married ($p = 0.000$) to the man depicted in the case description compared with those that responded to the questionnaire without label. This group also felt that the man would exhaust them both physically ($p = 0.005$) and emotionally ($p = 0.021$) in any relationship with him.

Conclusions
These results strengthen the view that stigma attached to mental illness is not limited to the general public; medical students are also part of the stigmatizing world. There is, therefore, a need to incorporate issues concerning stigma and its reduction as a core component of the mental health curriculum of medical schools."]

Full text at: http://www.annals-general-psychiatry.com/content/pdf/1744-859x-7-15.pdf

Related article: **"Stigma and the acceptability of depression treatments among African Americans and whites." (Sept. 2007)**
Full text at:
http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17610120

SUICIDE PREVENTION

Issues to Consider in Intervention Research with Persons at High Risk for Suicidality. By Jane Pearson, National Institute of Mental Health, and others. (The Institute, Bethesda, Maryland) 10 p.

["In 1997 approximately 30,000 people died by suicide in the United States, making suicide the 8th leading cause of death in the U.S. (Hoyert, Kochanek, & Murphy, 1999). There are an estimated 8 to 25 attempted suicides for every completion. Persons with mental disorders are at increased risk for suicidality and death by suicide. NIMH is providing this guidance for those investigators conducting research on interventions to reduce suicidality, as well as for investigators likely to encounter persons at risk for suicidality in intervention trials involving persons with mental disorders. This document focuses on issues most relevant to adult study participants. For study participants considered special populations, such as children and prisoners, see information about required additional safeguards and procedures at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm."]

Full text at: http://www.nimh.nih.gov/health/topics/suicide-prevention/issues-to-consider-in-intervention-research-with-persons-at-high-risk-for-suicidality.shtml

"Suicide among Discharged Psychiatric Inpatients in the Department of Veterans Affairs." By Rani A. Desai, Yale University, and others. IN: Military Medicine, vol. 173 (August 2008) pp. 721-728.

["Objective: The objective of this study was to explore correlates of the use of firearms to commit suicide.

Methods: A national sample of psychiatric patients discharged from Department of Veterans Affairs medical centers was followed from the time of discharge until December 1999. The study explores state-level measures as correlates of overall suicide and suicide by firearm, controlling for individual sociodemographic characteristics and psychiatric diagnosis. The outcomes of interest were completed suicide and suicide by firearm.

Results: Patients who were male, Caucasian, and who had a diagnosis of substance abuse or post-traumatic stress disorder were significantly more likely to use a firearm than another means to commit suicide. Multivariable models indicated that veterans living in states with lower rates of gun ownership, more restrictive gun laws, and higher social capital were less likely to commit suicide with a firearm.

Conclusions: Gun ownership rates, legislation, and levels of community cohesiveness are significantly associated with the likelihood of psychiatric patients committing suicide with a gun."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34071705&site=ehost-live

Related article: **"Suicide risk in relation to psychiatric hospitalization: evidence based on longitudinal registers." (April, 2005)**
Full text at: http://archpsyc.ama-assn.org/cgi/reprint/62/4/427

"Suicide Trends among Youths Aged 10-19 years in the United States, 1996-2005." By Jeffrey A. Bridge, Research Institute at Nationwide Children's Hospital, and others. IN: Journal of the American Medical Association, vol. 300, no. 9 (September 3, 2008) pp. 1025-1026.

["Following a decade of steady decline, the suicide rate among US youth younger than 20 years increased by 18% from 2003 to 2004, the largest single year change in the pediatric suicide rate over the past 15 years.1 Federal health officials have urged caution in interpreting this 1-year apparent spike in youth suicide until data from additional years are available for comparison. We examined available national fatal injury data to assess whether the increase in suicide rates among US youth persisted from 2004 to 2005, the

latest year for which data are available." **NOTE: Please request copy of this article from the CA State Library**.]

Related article: "Adoption as a risk factor for attempted suicide during adolescence."
Full text at: http://pediatrics.aappublications.org/cgi/reprint/108/2/e30

Related article: **"Anxiety Disorders and Risk for Suicidal Ideation and Suicide Attempts: A Population-Based Longitudinal Study of Adults." (2005)**
Full text at: http://archpsyc.ama-assn.org/cgi/reprint/62/11/1249

VETERAN'S AND MENTAL HEALTH

Defense Health Care: Oversight of Military Services' Post-Deployment Health Reassessment Completion Rates Is Limited. By the United States Government Accountability Office. (GAO, Washington, D.C.) September 4, 2008. 20 p.

["Military service members engaged in combat tours in Afghanistan and Iraq are at risk of developing combat-related mental health conditions, including post-traumatic stress disorder (PTSD). In many cases, signs of potential mental health conditions do not surface until months after service members return from deployment. In 2004, Army researchers published a series of articles that indicated a significant increase in the number of service members reporting mental health concerns 90 to 120 days after returning from deployment, compared with mental health concerns reported before or soon after deployment. These findings led the Department of Defense (DOD) in March 2005 to develop requirements and policies for the post-deployment health reassessment (PDHRA) as part of its continuum of deployment health assessments for service members. PDHRA is a screening tool for military service members; it is designed to identify and address their health concerns—including mental health concerns—90 to 180 days after return from deployment. Service members answer a set of questions about their physical and mental health conditions and concerns, and health care providers review the answers and refer service members for further evaluation and treatment if necessary. A November 2007 study showed that a larger number of service members indicated mental health concerns on their PDHRAs than on assessments earlier in their deployment cycles."]

Full text at: http://www.gao.gov/new.items/d081025r.pdf

NEW CONFERENCES

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Who is invited
School and district administrators, school counselors, behavioral health and prevention professionals, and community agency representatives.

When and where

September 30, 2008	Lemoore, CA	9:00 a.m.-12:00 p.m.
October 14, 2008	Stockton, CA	9:00 a.m.-12:00 p.m.
October 16, 2008	Merced, CA	9:00 a.m.-12:00 p.m.
October 17, 2008	Bakersfield, CA	9:00 a.m.-12:00 p.m.

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